



**Bureau of Emergency Management**  
1100 West 49<sup>th</sup> Street  
Austin, TX 78756-3199  
(512) 834-6700

## General (Level III) Trauma Facility Designation

### General Information

Date: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_  
County: \_\_\_\_\_

TSA: \_\_\_\_\_

### Hospital Information

Contact Person: \_\_\_\_\_  
Title/position: \_\_\_\_\_  
Phone Number(s): ( ) - or ( ) -  
Fax Number(s): ( ) - or ( ) -

Number of licensed beds (based on most recent licensing survey): \_\_\_\_\_

TDH License Number: \_\_\_\_\_

Amount enclosed: \$ \_\_\_\_\_

(Make check payable to: "Texas Department of Health")

\_\_\_\_\_  
Typed name of Chief Executive Officer or authorized person

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

***All criteria with a \* must be detailed in a separate narrative***

## I. PURPOSE OF REVIEW

A. Check type of Review:

- ☐ Initial Designation Review  
☐ Re-Designation Review

Lead Facility? ☐ Yes ☐ No

Lead Facility? ☐ Yes ☐ No

B. Patient Population

- ☐ Adult Only  
☐ Pediatric Only  
☐ Adult and Pediatric

C. How many prior reviews has the TDH conducted at your trauma center? \_\_ (number)

If none skip to section II

D. Has your center ever been reviewed by the TDH under a different name? ☐ Yes ☐ No

If "Yes," What name? \_\_\_\_\_

E. Date of the most recent review: \_\_\_\_\_

If designated, please provide the date of designation: \_\_\_\_\_

1. Reviewers: \_\_\_\_\_

2. \*Describe, in detail, any improvements at your facility impacting the trauma program.

3. \*Describe any administrative changes at your facility impacting the trauma program.

## II. Hospital Information

A. \*Describe your hospital, including tax status, governance and affiliations. Define your hospital's role in the community, including regional trauma system development and implementation. Include applicable organizational charts.

B. What is the percent of payer mix for all hospital patients and for trauma patients?

Payer	All Patients	Trauma Patients
Commercial	%	%
Medicaid	%	%
HMO/PPO	%	%
Uncompensated/Indigent	%	%
Other	%	%

C. Are all trauma patients within one facility? ☐ Yes ☐ No

\*If "No", describe multi-facility relationships.

D. Hospital Beds

Hospital Beds	Adult	Pediatric	Total
Licensed			
Staffed			
Average Census			

#### E. Hospital Commitment

1. \*Describe, in narrative, the commitment of your administration to trauma.
2. Is there a medical staff resolution within the past three years supporting the trauma center?  
☐ Yes ☐ No
3. Is there a hospital governing body resolution (within the past 3 years) supporting the trauma center? ☐ Yes ☐ No  
\*If "yes", attach the resolution to this application
4. Is there specific budgetary support for the trauma service? ☐ Yes ☐ No  
\*If "yes", please describe.

#### F. Cost Containment

1. \*Describe your hospital's most effective/innovative trauma cost containment.

### III. Pre-Hospital System

#### A. Pre-Hospital description (narrative format)

1. \*Describe your EMS system including primary and secondary catchment areas (geographic boundaries): (Please provide 8-1/2"x11" map of primary and secondary catchment areas.)
2. \*Define the population and square mileage of the primary catchment area  
\*Define the population and square mileage of the secondary catchment area:
3. \*Identify the number and level of other trauma centers in your primary and secondary catchment areas and describe their relationships to your trauma center (include map)

#### B. EMS

1. Who has the authority over EMS in your system?-- choose --
2. Describe the EMS governing body; including medical leadership.

3. What type of public access to EMS is used in your community (check all that apply)  
☐ 911      ☐ Enhanced 911      ☐ Other (define):
4. How are EMS personnel dispatched to the scene of an injury (check all the apply)  
☐ EMS center or 911 Center      ☐ Law Enforcement  
☐ Fire Department      ☐ Other (define):

- a) Briefly identify the initial responders to injury scenes in your primary (1<sup>o</sup>) and secondary (2<sup>o</sup>) catchment areas (check all that apply).

Training Level / Agency	Basic		Intermediate		Paramedic	
	1 <sup>o</sup>	2 <sup>o</sup>	1 <sup>o</sup>	2 <sup>o</sup>	1 <sup>o</sup>	2 <sup>o</sup>
<b>Fire</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Police</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EMS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. EMS providers are (check all the apply)

Profit Status:

- ☐ Government entity  
☐ Private for Profit  
☐ Private not for Profit

Service Type:

- ☐ City ☐ Other  
☐ County  
☐ Hospital Based

6. \*Define the “Air Medical” support services available in your primary and secondary catchment areas.
7. Does your trauma center serve as a base station for EMS operations and provide online medical control: (check all the apply)
- Air / Ground:  
☐ Base station medical control (air)  
☐ Base station medical control (ground)
- Ground EMS Program  
☐ Off-line medical control  
☐ On-line medical control
8. \*Detail your trauma center’s participation in pre-hospital training and pre-hospital performance improvement.
9. \*Describe your hospital’s participation in the regional disaster plan.
10. \*Describe your hospital’s capability to respond to hazardous materials (radioactive, chemical, biological, other):

## IV. Trauma Service

A. Trauma medical director: \_\_\_\_\_

- \*Attach Trauma Medical Director’s Curriculum Vitae.
- \*Provide trauma-related CME course names and dates for the Trauma Medical Director (have documentation available on site).
- \*Provide a narrative job description for the Trauma Medical Director AND an organizational chart of trauma service which depicts its relationships to the Department of Surgery and other major hospital departments and services. Both the job description and the organizational chart should reflect the Trauma Director’s parameters of authority and should include a description of the procedure for removing physicians from Trauma Call roster  
List all surgeons currently taking trauma call on Table A (end of document) and attach it to this application.

4. Does the trauma call schedule include non-trauma emergencies? ☐ Yes ☐ No  
If "Yes", please explain.
5. \*Provide trauma-related CME course names and dates for all trauma surgeons other than the Trauma Medical Director (have documentation available on site).
6. Do you have a trauma back-up call schedule? ☐ Yes ☐ No  
Please have the most recent three months postings available on site.
7. Total number of trauma surgeons with additional qualifications in critical care. \_\_\_\_\_  
\*Provide trauma-related CME course names and dates (have documentation available on site).
8. Total number of trauma fellowship trained surgeons on call panel. \_\_\_\_\_  
\*Provide trauma-related CME course names and dates (have documentation available on site).

#### B. Trauma Coordinator

1. Is your Trauma Coordinator a full-time position? ☐ Yes ☐ No  
If "No" please explain.
2. \*Attach the Trauma Coordinator's Curriculum Vitae.
3. \*Describe the administrative reporting structure and attach an organizational chart.
4. \*Provide a narrative job description for your Trauma Coordinator.
5. \*List support personnel (names, titles, and FTEs).

#### C. Trauma Service

1. Is there a specified Trauma Service at your facility? ☐ Yes ☐ No
2. \*If yes, describe the service including how the Trauma Medical Director oversees all aspects of the multi-disciplinary care from the time of injury through discharge.
3. Does the Trauma Medical Director review the performance of the members on the trauma panel annually? ☐ Yes ☐ No
4. Does the Trauma Medical Director have the authority to remove/appoint members on the trauma panel? ☐ Yes ☐ No
5. \*Define the credentialing policy for serving on the trauma panel.

#### D. Trauma Response

1. \*What criteria do you use to activate the trauma team?
2. Are there multi-levels of response? ☐ Yes ☐ No Please describe:
3. What number and percent of trauma activations were highest level, modified level and consult level?

Level	Number	Percent
Highest		
Moderate		
Consult		

4. Define your policy and criteria for the notification and response of the trauma attending to ED:
5. Who has the authority to activate the trauma team? \_\_\_\_\_
6. \*Describe the personnel on the trauma team for each level of activation:
7. Do trauma surgeons take in-house call? ☐ Yes ☐ No
8. Do you have documentation and statistics of surgeons=availability/response to the ED?  
☐ Yes ☐ No

#### E. Trauma Service/Hospital Statistical Data

1. Total number of ED visits for reporting year, including DOA and DIE (provide month/year to month/year dates used in filling out application)._____
2. Total number of trauma-related ED visits: _____

##### 3. Trauma Admissions

Service	Number of Admissions
Trauma Service	
Orthopedic Service	
Neurosurgical Service	
Other Surgical Service	
Non-Surgical Service	
Total Trauma Admissions	

What is the percent of the following?

\_\_\_\_\_ % Penetrating

\_\_\_\_\_ % Blunt

\_\_\_\_\_ % Burns

\_\_\_\_\_ % Other (drowning, etc)

##### 4. Disposition from ED

Disposition	Admitted to Trauma service
ED to OR	
ED to ICU	
OD to Floor	
Total	

## 5. Injury Severity and Mortality

ISS	Number	Deaths	% Mortality
0-9			
10-15			
16-24			
≥ 25			

- a) How is ISS generated?
- ☐ Hand Calculated (AIS-90)
- ☐ ICD-9 Generated
- ☐ Trauma registry generated
- b) If ISS scores are not used to categorize severity of injury, please define what method is used \_\_\_\_\_
- c) Explain any inconsistency between total admissions, total disposition from ED and total ISS numbers

### F. Trauma Transfers

1. Is there a defined policy to accept the transfer of trauma patients from referring hospitals? ☐ Yes ☐ No
2. Number of trauma transfers:

Transfers	Air	Ground	TOTAL
Transfers in			
Transfers out			

3. Do you have formal signed agreements for transfer out of your facility for acute injury management? ☐ Yes ☐ No If "Yes", have documentation available on site.

### G. Trauma bypass/Divert

1. Do you have a trauma bypass or divert protocol? ☐ Yes ☐ No  
 If "Yes," please attach the bypass/divert protocol.  
 If "Yes" who has the authority to divert? \_\_\_\_\_
2. Have you gone on trauma bypass/divert during the previous year? ☐ Yes ☐ No  
 If "Yes," please complete Table B "Trauma Bypass/Divert Occurrences" (located at end of document).
3. Define the role of the Trauma Surgeon in the decision to bypass.

H. List all Neurosurgeons taking trauma call on Table C (located at end of document) and attach

1. Attach the Curriculum Vitae of neurosurgical representative to the trauma program.
2. \*Please provide trauma-related CME course names and dates for all neurosurgeons (available on site).
3. Are there any of your neurosurgeons taking trauma call at more than one hospital?  
☐ Yes ☐ No If Yes, please describe:

4. Is there a posted second call (back-up) schedule? ☐ Yes ☐ No

5. Who provides the initial evaluation and management of the neuro-trauma patients if other than the neurosurgeon and how is this individual credentialed?

Person: \_\_\_\_\_

Credentials: \_\_\_\_\_

6. Number of Trauma Fellowship trained neurosurgeons on call panel: \_\_\_\_\_

I. List all orthopedic surgeons taking trauma call on Table D (located at end of document) and attach

1. Attach Curriculum Vitae of orthopedic Surgeon representative to the Trauma Program.
2. \*Please provide trauma-related CME course names and dates for all orthopedic Surgeons (available on site).
3. Are any of your orthopedic surgeons taking trauma call at more than one hospital?  
☐ Yes ☐ No If Yes, please describe:

4. Is there a posted second (back-up) call schedule? ☐ Yes ☐ No

5. Number of Trauma Fellowship trained orthopedic surgeons on the trauma call panel: \_\_\_\_\_

J. List Anesthesiologists who care for trauma patients on Table E (located at end of document) and attach.

1. Attach the Curriculum Vitae of Anesthesiologist representative to the Trauma Program.
2. How many anesthesiologists are certified in critical care? \_\_\_\_\_
3. Do you have Anesthesia available in hospital 24 hours a day? ☐ Yes ☐ No  
If "No," is there a Performance Improvement Program monitoring anesthesia response? ☐ Yes ☐ No



4. \*Define the role of CRNAs in the care of injured patients
5. \*Please provide trauma-related CME course names and dates for all anesthesiologist (available on site).

## V. HOSPITAL FACILITIES

### A. Emergency Department

1. List Emergency Department Physicians on the Trauma Panel on Table F (located at end of document) and attach.

- a) Attach the Curriculum Vitae of Emergency Medicine representative to the Trauma Program.

- b) \*Please provide trauma-related CME course names and dates for all ED physicians on the Trauma Panel(available on site).

- c) \*Describe the credentialing process for those Emergency Department Physicians participating in the Trauma Program.

- d) While on call, does the Emergency Department physician have responsibilities outside of the Emergency Department? ☐ Yes ☐ No

If "Yes," explain how the ED is covered when he/she leaves.

2. Describe the role and relationship of emergency medicine to trauma service:

3. How pre-hospital personnel access the Emergency Department: --choose--

What is the average lead time (in minutes) from ED communication?

By ground? \_\_\_\_\_

By air? \_\_\_\_\_

4. What percentage of time is the Trauma Surgeon present in the ED for the highest level of activation? --choose--%

5. Attach a copy of ED Trauma Flow Sheet.

- a) \*Define the experience, certification, education requirements, as well as the credentialing process for the nurses providing care to the trauma patient in the Emergency Department.

- b) Nursing staff demographics:

1)Average years of experience: \_\_\_\_\_

2)Annual rate of turnover: \_\_\_\_\_

3)\*ED nursing staffing pattern:(how do you ensure an adequate nurse to patient ratio?)

c) Percent of total staff:

____ %	TNCC
____ %	CEN
____ %	ACLS
____ %	PALS
____ %	ENPC
____ %	Audit ATLS

## B. Radiology / Ultrasound

1. Is there resuscitation and monitoring equipment available in the radiology suite?

☐ Yes ☐ No

2. Who accompanies and monitors the trauma patient to the radiology suite?

3. Is there a 24 hour CT technician available in-hospital? ☐ Yes ☐ No

If “No,” is there a Performance Improvement Program that reviews timeliness of CT response?

☐ Yes ☐ No

4. Define how the trauma team has access to ED ultrasound. (Choose one)

☐ ED Ultrasound is provided by the trauma surgeons and emergency physicians who have been trained in the FAST technique.

☐ ED ultrasound is performed by the radiologists who are always available to provide this service.

☐ Other (If “other”, please explain).

5. Who interprets the radiographs after hours?\_\_\_\_\_

6. Is teleradiography available to augment the initial interpretations by a non-radiologist?

☐ Yes ☐ No

7. \*How are differences in interpretations reconciled?

8. Define how the trauma team has access to emergency computed tomography, arteriography and MRI.

### C. Operating Room

1. Number of operating rooms: --choose--

2. Do you have an OR Dedicated to Trauma? ☐ Yes ☐ No

If "No," describe the procedure to access OR STAT.

3. Describe your OR trauma staffing pattern and backup call for days, nights, weekends, and holidays. Is there always in-house coverage for the following:

a) Circulator: ☐ Yes ☐ No

b) Scrub technician ☐ Yes ☐ No

4. How do you meet the criteria for 24 hour OR availability?

5. Describe the process for how and when the back OR team is activated.

6. Do you have documentation and statistics of surgeons' availability/response to the OR?

☐ Yes ☐ No

### D. PACU (Post Anesthesia Care Unit)

1. Number of beds:       

2. What are the hours of operation:        ☐ AM ☐ PM -        ☐ AM ☐ PM

If not open 24 hours, explain:

3. Describe the PACU function in trauma:

4. \*Define the experience, certification, education requirements, as well as the credentialing for the nurses providing care to the trauma patient in the PACU.

5. Percent of total RN staff:

	% CCRN
	% TNCC
	% ACLS
	% PALS
	% Audit

E. ICU

1. ICU Beds:

Total Adult Beds:	
Total Surgical Beds:	
Total Neurosurgical Beds:	
Total Trauma Beds:	

2. Describe the policy for opening beds for trauma patients.

--

3. Who is the surgical director of the ICU? (Have CV available on site)

Name: \_\_\_\_\_

Does the director have additional certification in Critical Care? ☐ Yes ☐ No

4. Which Physician specialist maintains primary responsibility for direction of trauma patients care in ICU?

☐ Surgeon      ☐ ICU Intensivist      ☐ Other: \_\_\_\_\_

5. Who provides the immediate response for after hours life threatening emergencies in the adult ICU?

\_\_\_\_\_

6. Describe the credentialing process for surgeons providing care in the ICU:

--

7. Do you have documentation and statistics of surgeon' availability/response to the ICU?

☐ Yes ☐ No

8. \*Define the experience, Certification, and education requirements, as well as the credentialing process for the nurses providing care to the trauma patients in the ICU.

9. Nursing Staff Demographics:

a) Average years of experience:	
b) Annual turnover:	
c) ICU RN Staffing Pattern:	
Percent of total staff:	
	%TNCC
	%CCRN
	%PALS
	%Audit ATLS

## F. Clinical Laboratory

### 1. Blood Bank

- a) Describe the source of blood products.

- b) Hospital processed:

Regional Blood Bank

- c) Do you have any satellite blood banks and/or blood refrigerators in the hospital? ☐ Yes Where ?:

☐ No

- d) Is there a massive transfusion protocol to facilitate blood component therapy?

☐ Yes ☐ No

- e) How many transfusions are required to activate protocol? \_\_\_\_\_

- f) Do you have uncross-matched blood immediately available?

☐ Yes

☐ No

Define Mechanism

- g) What is the average turnaround time, in minutes, for an emergency:

Type Specific blood: \_\_\_\_\_

Full cross-match: \_\_\_\_\_

- h) Does your hospital have ready access to blood components (FFP, platelets, cryoprecipitate, Factor VIII and Factor IX)? ☐ Yes ☐ No

### 2. Clinical Lab

- a) Where is the clinical laboratory located? Include a description of its proximity to the Emergency Department.

- b) Define the mechanism to identify the blood specimen as a trauma STAT and the mechanism by which the lab report gets to the emergency department or operating room.

c) What is the estimated ED stat-turn-around time, in minutes for:

Hemoglobin or Hemocrit: \_\_\_\_\_ Minutes

Electrolytes: \_\_\_\_\_ Minutes

Blood Gases: \_\_\_\_\_ Minutes

Coagulation Profile: \_\_\_\_\_ Minutes

DPL: \_\_\_\_\_ Minutes

Drug Screen/Technology: \_\_\_\_\_ Minutes

d) Do you have any point of care testing capability?

☐ Yes

☐ No

Where?: \_\_\_\_\_

e) Define circumstances under which you obtain drug screen/toxicology.

--

f) Does the hospital have micro-sampling capabilities for children?

☐ Yes ☐ No

g) Is there 24 hour staffing?

☐ Yes ☐ No

## VI. Specialty Services

### A. Pediatric Trauma

1. What is the maximal age for a pediatric trauma patient in your hospital?-- choose --

2. Pediatric Trauma Admissions:

Service	Number of Admissions
Trauma	
Orthopedic	
Neurosurgical	
Other Surgical	
Non-Surgical	
<b>Total Trauma</b>	

ISS Category	Number	Deaths	% Mortality
0-9			
10-15			
16-24			
≥25			

3. Is there a separate Pediatric Trauma Team?

☐ Yes ☐ No If "Yes" Describe:

4. Is there a separate Pediatric ICU? ☐ Yes ☐ No

a) Total Pediatric ICU beds (exclude neonatal): \_\_\_\_\_

b) If no PICU, is there a transfer agreement for PICU care? ☐ Yes ☐ No

c) Who is Surgical Director for PICU and what is his/her training?

Name: \_\_\_\_\_

Training: \_\_\_\_\_

5. Who is the PICU medical director?

Name: \_\_\_\_\_

6. Which physician specialist maintains primary responsibility for the direction of the pediatric trauma patient care in the PICU?

☐ Surgeon

☐ ICU Intensivist

☐ Other: \_\_\_\_\_

7. Describe the process for credentialing for the care of the pediatric trauma patients.

8. Number of physicians with added training (fellowship/residency) in pediatric care with their specialty:

Trauma Surgery: \_\_\_\_\_

Neurosurgery: \_\_\_\_\_

Orthopedic surgery: \_\_\_\_\_

Emergency medicine: \_\_\_\_\_

9. Does the hospital have a separate area in the ED for pediatric resuscitation?

☐ Yes ☐ No

10. \*Do you have policies regarding the transfer of injured pediatric patients?

☐ Yes (Attach Policies) ☐ No

11. Are there and transfer agreements/protocols for pediatric trauma patients?

☐ Yes (Have available on site)

☐ No

12. Define the experience, certification and education requirements, as well as the credentialing process for the nurses providing care to the trauma patients in the PICU.

a) Percent of total staff:

\_\_\_\_\_ %CCRN

\_\_\_\_\_ %ACLS

\_\_\_\_\_ %APLS

\_\_\_\_\_ %TNCC

\_\_\_\_\_ %PALS

13. Nursing Staff demographics:

- a) Average years of experience: \_\_\_\_\_
- b) Annual turnover: \_\_\_\_\_
- c) Average nurse/patient staffing pattern: \_\_\_\_\_

B. Rehabilitative Services:

1. Who is the designated Rehabilitation Physician Representative to the Trauma Program?

Name: \_\_\_\_\_

\*Attach this physician's Curriculum Vitae

Is this Physician Board Certified? ☐ Yes ☐ No ☐ N/A

What specialty? \_\_\_\_\_

2. Describe the role and relationship of rehabilitation services to the trauma service (define where and when rehabilitation begins).

3. What services are provided in the ICU?

Physical Therapy? ☐ Yes ☐ No

Occupational Therapy? ☐ Yes ☐ No

Speech Therapy? ☐ Yes ☐ No

Other: \_\_\_\_\_

4. Describe, if applicable, the pediatric rehabilitation service:

5. Do you have transfer arrangements for in-patient rehabilitation?

☐ Yes ☐ No (have protocols available on site)

6. What system is used to measure rehabilitation patient outcome?

C. Burn Patients

1. Number of burn patients admitted during last reporting year: \_\_\_\_\_

2. Is there a separate Burn Team? ☐ Yes ☐ No

3. Is your institution a verified Burn Center? ☐ Yes ☐ No

Date verified: \_\_\_\_\_

4. Number of burn patients transferred for acute care during reporting year:

IN: \_\_\_\_\_ OUT: \_\_\_\_\_



5. Do you have any transfer arrangements for burn patients. ☐Yes ☐No  
Have the agreement/protocol available onsite.

**D. Spinal Cord Injuries.**

1. Number of spinal column injuries treated during last reporting year:\_\_\_\_\_
2. How many of these patients had neurologic deficits?\_\_\_\_\_
3. Number of patients with acute spinal column injuries transferred during reporting year:  
IN:\_\_\_\_\_ OUT:\_\_\_\_\_
4. Are there any transfer arrangements for spinal column injury patients.  
☐Yes ☐No (have protocols available on site)

**E. Organ Procurement**

1. Do you have an organ procurement program? ☐Yes ☐No
  - a) If yes, how many trauma referrals were made to the Regional Organ Procurement Organization last year? \_\_\_\_\_
  - b) How many trauma patient donors in the last year? \_\_\_\_\_

**F. Social Services**

1. Is there a dedicated Social Worker for trauma services? ☐Yes ☐No  
If "No," what is the commitment from Social Services to the trauma patient?

2. Describe the support services available for crisis intervention and individual family counseling.

**VII. PERFORMANCE IMPROVEMENT (PI)**

**Do not send any performance Improvement documents or minutes! These should be available at time of review.**

**A. Performance Improvement (PI) Program. (ATTACH AS A SEPARATE DOCUMENT)**

1. \*Describe your PI program, including how issues are identified and tracked. Have PI reports available onsite.
  - a) \*Who is responsible for loop closure of both system and peer review issues?
2. Attach a copy of the Trauma Audit Form.
3. Has Trauma PI affected the way trauma patient care is rendered? ☐Yes ☐No  
Be prepared to articulate/demonstrate

4. Are nursing issues reviewed in the Trauma PI Process? ☐ Yes ☐ No

If “No,” please describe how nursing ensures standards and protocols are followed on their units.

## B. Trauma Registry

1. Do you have a trauma registry? ☐ Yes ☐ No

- a) If “Yes,” how many months/years are complete for review?

Months: \_\_\_\_\_ Years: \_\_\_\_\_

- b) If “Yes,” what registry program are you using?

\_\_\_\_\_

2. Who abstracts data from the charts and enters data in to the registry?

\_\_\_\_\_

3. What percentages of patients have completed trauma registry data entry within two months of discharge?

\_\_\_\_\_ %

4. Describe the criteria for patient entry in to the trauma registry.

5. Do you have any state, regional, or national affiliation for your trauma registry?

☐ Yes ☐ No

If “yes,” please explain:

## C. Trauma Death Audit

1. How many trauma deaths have there been during the reporting period? (include DOA, ED deaths, and in-house deaths)?

\_\_\_\_\_

2. Who reviews Emergency Department Trauma Deaths?

\_\_\_\_\_

3. Who review in-house Trauma Deaths?

\_\_\_\_\_

4. List the number of deaths categorized as:

Preventable: \_\_\_\_\_

Non-preventable: \_\_\_\_\_

Possibly preventable: \_\_\_\_\_

5. What percentage of your deaths have autopsies?

\_\_\_\_\_ %

6. How are autopsies reported to the Trauma Registry?

**D. Multidisciplinary Trauma Committee(s)**

1. Provide a description of any committee with trauma PI involvement in Chart G (at end of this document), include system and peer review committees.

a) Do you have a protocol manual for trauma? ☐ Yes ☐ No  
(have available onsite)

b) Has the trauma program instituted evidenced based trauma management guidelines? ☐ Yes ☐ No

If "yes," define compliance and efficacy.

## **VIII. Educational Activities/Outreach Programs**

A. Do you have a General Surgery Residency Program? ☐ Yes ☐ No

If "Yes," does it interact with the trauma service? ☐ Yes ☐ No

B. Do you have other integrated/affiliated Specialty Residency Programs? ☐ Yes ☐ No

If "Yes," list and define and relationship with the trauma program.

C. Do you have a trauma fellowship? ☐ Yes ☐ No

Which specialties?

D. Describe any trauma education program for:

1. Physicians

2. Nurses

3. Prehospital providers

E. Do you provide ATLS courses? ☐ Yes ☐ No

\*Provide dates of classes for the last three years (provider, instructor, refresher)

F. Is there any hospital funding for physician, nursing, or EMS trauma education? ☐ Yes ☐ No

G. Describe your hospital's outreach programs for trauma, such as 1-800 referral line, follow-up letters, and community hospital trauma education.

H. Do you have any injury prevention /public trauma education programs? ☐ Yes ☐ No

1. Who is the designated injury prevention coordinator?

2. \*List and describe briefly all injury prevention programs. Include any state, regional or national affiliations for your injury prevention programs.

3. \*Describe how you evaluate the effectiveness of your injury prevention programs.

\_\_\_\_\_  
Signature of Trauma Coordinator

\_\_\_\_\_  
Signature of Trauma Director

\_\_\_\_\_  
Signature of Person filling out application (if not the Coordinator or Director)

\_\_\_\_\_  
Title of Person filling out application

\_\_\_\_\_  
Date mailed to TDH

# PRE-REVIEW DOCUMENT CHECKLIST

(To be completed by the hospital)

This list is provided to assist you in assuring that your pre-review application is COMPLETE.

## I. General Information

- ☐ Hospital's Governing Body Resolution
- ☐ Medical Staff Resolution

## II. Prehospital System

- ☐ Bypass/Divert Protocol (if applicable)
- ☐ Table A: Trauma Surgeons

## III. Trauma Service

- ☐ CV: Trauma Service Director
- ☐ CV: Neurosurgical representative to the Trauma Program
- ☐ CV: Orthopedic surgeon representative to the Trauma Program
- ☐ CV: Anesthesiology representative to the Trauma Program
- ☐ CV: Trauma Coordinator
  - ☐ Job Description: Trauma Service Director (include description of authority)
  - ☐ Job Description: Trauma Coordinator
  - ☐ Organizational Chart: Trauma Service
  - ☐ Organizational Chart: Trauma Coordinator
  - ☐ Table B: Trauma Bypass/Divert Occurrences (if applicable)
  - ☐ Table C: Neurosurgeons
  - ☐ Table D: Orthopedic Surgeons
  - ☐ Table E: Anesthesiology

## IV. Hospital Facilities

- ☐ CV: Emergency Medicine representative to the Trauma Program
  - ☐ Table F: Emergency Medicine
  - ☐ Trauma Flow Sheet (ED)
  - ☐ Trauma Team Activation Protocols

## V. Specialty/Rehabilitation

- ☐ CV: Physiatrist representative to the Trauma Program

## VI. Performance Improvement

- ☐ Table G: Trauma PI Committee(s)
- ☐ Trauma PI Audit Form

## VII. Research

- ☐ CV: Research Director

## VIII. Hospital Resource Checklist Completed

- ☐ Check list completed

List all surgeons currently taking trauma call

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## Table B

### **TRAUMA BYPASS/DIVERT OCCURRENCES**

Please complete if you have gone on trauma bypass/divert during the previous year

Date of Occurrence	Time on Bypass	Time Off Bypass	Reason for Bypass
<b>Total number of occurrences of bypass during reporting period? _____ # of occurrences</b>			
<b>Total number of hours on diversion during reporting period? _____ # of hours</b>			

### Table C

## NEUROSURGEONS

Please list all neurosurgeons taking trauma call

[illegible]



### Table D

## ORTHOPAEDIC SURGEONS

Please list all orthopedic surgeons taking trauma call

[illegible]

### Table E

# ANESTHESIOLOGY

[illegible]

### Table F

# EMERGENCY MEDICINE

Please list Emergency Department Physicians on the Trauma Panel

[illegible]

# Table G

## PI COMMITTEES

Multi-disciplinary Trauma Committee(s): to provide a description of any committee with trauma PI involvement complete this table, including morbidity and mortality review:

<b>Name of Committee</b>						
<b>What is the purpose of the committee?</b>						
<b>Describe the membership using titles</b>						
<b>Name/Title of Chairperson</b>	Name		Name		Name	
	Title		Title		Title	
<b>How often does the committee meet?</b>						
<b>Are there attendance requirements? If yes, describe:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Attendance of specialty panel members:</b>	<b>Emergency Medicine</b> <b>Anesthesia</b> <b>Orthopedics</b> <b>Neurosurgery</b>	_____ (%) _____ (%) _____ (%) _____ (%)	<b>Emergency Medicine</b> <b>Anesthesia</b> <b>Orthopedics</b> <b>Neurosurgery</b>	_____ (%) _____ (%) _____ (%) _____ (%)	<b>Emergency Medicine</b> <b>Anesthesia</b> <b>Orthopedics</b> <b>Neurosurgery</b>	_____ (%) _____ (%) _____ (%) _____ (%)
<b>Committee reports to whom?</b>						